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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/553,608-Conf. #6002
	Filing Date	October 18, 2005
	First Named Inventor	Richard L. BOYD
	Title	TOLERANCE TO GRAFT PRIOR TO THYMIC REACTIVATION
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	0286336.00160US1/NOR-021US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23483

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	7.5.07
Name	PHILIPPA ANNE STUB	Telephone	650 200 9419
Title and Company	PATENT COUNSEL, NORKWOOD IMMUNOLOGY, LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: _____

Signature: _____ (Stephanie R. Douglas)